

<b>Case Number:</b>	CM14-0122016		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 28 year old female was reportedly injured on November 14, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated July 21, 2014, indicates that there are ongoing complaints of depression, neck pain, and low back pain. There are no complaints of radiation to the upper or lower extremities. The physical examination demonstrated tenderness over the right side of the lumbar spine. Diagnostic imaging results were not supplied. Previous treatment is unknown. A request was made for the use of a transcutaneous electrical nerve stimulation (TENS) unit and was not certified in the preauthorization process on July 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

**Decision rationale:** According to the California chronic pain medical treatment guidelines, the criteria for the usage of a Transcutaneous electrical nerve stimulation (TENS) unit includes

evidence that other appropriate pain modalities, including medications, have been tried and failed. A review of the medical records does not indicate this. As such, this request for a TENS unit is not medically necessary.